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APPLICANTS

David J. Dougherty, Mountain View, CA;
 Pang-Chen Sun, San Diego, CA;
 Duncan W. Harwood, Santa Clara, CA;

** CONTINUING DATA *****

none SP

** FOREIGN APPLICATIONS *****

none SP

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

10/24/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 11	TOTAL CLAIMS 49	INDEPENDENT CLAIMS 15
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>[Signature]</u> Initials <u>[Initials]</u>				

ADDRESS

27975

TITLE

Polarization compensated optical tap

FILING FEE RECEIVED 1034	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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